

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90019 029 ****61.25

DOCUMENT # N97000000693 1. Entity Name SAC, INC.					
Principal Place of Business 300SANDPIPER DR VENICE, FL 34292 US			Mailing Address 300SANDPIPER DR VENICE, FL 34292 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		01252008 Chg-NP CR2E037 (12/06) 4. FEI Number 65-0738914 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent SCOTT E GORDON, ESQ ABEL BAND, CHARTERED 240 S PINEAPPLE AVE SARASOTA, FL 34236	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MELLOW, BARBARA 408 LONEWOOD DR VENICE, FL 34285	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WALLIN, CARMEN 430 BOXWOOD DR VENICE, FL 34285	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURCH, JOYCE 348 LONGWOOD DR VENICE, FL 34285	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MALDONATO, ANTHONY 545 ASPEN AVE VENICE, FL 34285	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOULD, ROBERT 429 BOXWOOD DR VENICE, FL 34285	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PUFFER, ALICE 395 LONGWOOD DR VENICE, FL 34285	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RALPH H PUFFER 395 LONGWOOD DR VENICE, FL 34285	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BREAME, PATRICIA 518 LONGWOOD DRIVE VENICE, FL 34285	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  ANTHONY MALDONADO 1/28-08 941-488-1367 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					